

Home CCO Enrollment Webinar Questions and Answers

Home CCO rule

What is the purpose of the Home CCO rule?

Adult behavioral health residential treatment is not always available close to home. This means that Oregon Health Plan (OHP) members often temporarily move out of their coordinated care organization (CCO) service area to receive mental health or substance use disorder (SUD) treatment.

This rule ensures that members keep their CCO even if they need to leave the area for treatment.

Which rule outlines Home CCO requirements?

The Home CCO rule is [Oregon Administrative Rule \(OAR\) 410-141-3066](#) - CCO Enrollment Requirements for Temporary Out-of-Area Behavioral Health Treatment Services.

Effective September 1, 2015, this rule requires the CCO in the member's home area (the "home CCO") to continue coordinating services for CCO members receiving adult behavioral health residential treatment in a different service area.

Does the Home CCO rule apply to children?

No. The rule only applies to adults. [OAR 410-141-3050](#) specifies rules regarding children receiving residential behavioral health services.

Does the Home CCO rule apply to adults in substance use disorder facilities?

Yes. If a member is on open card when they enter the facility, they will not enroll into a CCO until they are discharged.

Does the Home CCO rule apply to unlicensed facilities?

Yes. The rule applies to both licensed and unlicensed facilities.

Does the Home CCO rule apply to Oregon State Hospital (OSH) discharges?

Yes. For clients discharged from OSH to a residential setting, the intent of the Home CCO rule is to maintain a single home CCO that coordinates integrated care for the client across multiple placement locations as the client's recovery progresses toward a return to their home area.

Oregon's mental health system

What is the Choice Model?

The Choice Model (formerly known as the Adult Mental Health Initiative or AMHI), is designed to ensure that the right types of services are delivered at the right time to adults with mental illness. The goal is to help improve coordination and community responsibility for adult mental health services at all levels of care in the system.

To learn more about the Choice Model, visit <http://www.oregon.gov/oha/hsd/amh/pages/cm.aspx>, or contact Michael Oyster, Choice Model Coordinator, 503-945-9813 (Salem).

What is the Psychiatric Security Review Board (PSRB)?

The PSRB was originally established to supervise individuals who successfully asserted the insanity defense to a criminal charge. With public safety as its primary focus, the PSRB partners with state and local agencies to ensure that PSRB clients get the services and support needed to reduce the risk of future dangerous behavior. The PSRB also supervises youth and certain civil commitments.

To learn more about the Psychiatric Security Review Board, read our overview at <http://www.oregon.gov/oha/hsd/amh/docs/PSRB%20Overview.pdf>.

What is civil commitment?

Civil commitment is a process in which a judge decides whether a person alleged to be mentally ill should be required to accept mental health treatment. A civil commitment is not a criminal conviction and will not go on a criminal record.

To learn more about civil commitment, read our overview at <http://www.oregon.gov/oha/hsd/amh/Pages/civil-commitment.aspx>.

ADA and Olmstead

What is ADA?

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of disability (physical, psychiatric, intellectual/developmental disabilities).

The ADA mandates that state and local governments administer services, programs, and activities in the most integrated setting appropriate for individuals with disabilities.

To learn more about the ADA, visit the ADA website at http://www.ada.gov/2010_regs.htm.

What is Olmstead?

In 1999, the Supreme Court ruled that treating people experiencing mental illness in a segregated setting was an ADA violation if these people could be effectively served in a more integrated setting. The case where the Supreme Court made this decision was Olmstead vs. L.C.

To learn more about Olmstead, visit the ADA website at <http://www.ada.gov/olmstead/index.htm>.

How does Oregon apply Olmstead principles in residential programs that serve individuals in civil commitment?

To prepare individuals for more integrated settings, residential treatment aims to provide services that stabilize more complex residents, and teach skills that equip all residents for integrated community living.

Does Olmstead apply to individuals under PSRB/SHRP jurisdiction?

Under Oregon law, the PSRB and State Hospital Review Panel (SHRP) have the sole authority to determine where an individual under their jurisdiction will live. Using principles of valid risk methodology, clinical recommendations and a person's treatment/ conditional release compliance, the PSRB and SHRP make placement decisions with the statutory mandate of ensuring public

safety. This includes placing individuals in the most integrated settings possible, with treatment and support that creates a high probability that the person will remain psychiatrically stable.

Oregon Health Plan eligibility

Do members in residential treatment need to reapply for OHP every year?

Yes, every OHP member must reapply to renew their eligibility. Members receive a letter when it is time for them to renew.

Can residential facilities help residents apply or reapply for OHP?

Facilities need to have a certified application assister to help with the application process. [Community partners are available](#) to help throughout the state. Members can also call OHP Customer Service at 1-800-699-9075 to apply over the phone.

Who arranges eligibility before a member is discharged from the Oregon State Hospital?

The Oregon State Hospital now has a team of benefit coordinators, who ensure that OHP members have eligibility and CCO enrollment at discharge.

Determining home CCO

What factors determine home CCO precedence?

They are, in priority order:

1. Client's overall CCO enrollment history prior to admission to OSH.
2. Client's CCO enrollment 365 days prior to admission.
3. Client's CCO enrollment at admission.
4. Client's residential treatment placement.

If there is no previous enrollment history and no permanent residence, then OHA will enroll the client in a CCO local to the residential treatment home.

Once a client is admitted to the Oregon State Hospital (OSH), who identifies the home CCO?

OSH benefit coordinators identify the home CCO of newly-admitted clients and contact the respective CCO Account Representatives, who then notify the CCOs.

Determining home CCO at admission will help coordinate discharge planning with the CCO, AMHI coordinator, county mental health liaisons and OSH social workers.

How is the home CCO determined when there is a County of Responsibility?

Oregon State Hospital (OSH) benefit coordinators will identify the home CCO upon admission and assign home CCO upon discharge.

- The home CCO is expected to coordinate integrated care and support to return the client to his or her home area unless conditions prohibit this.

The County of Responsibility (or County of Jurisdiction):

- Specifies the county's mental health role, and often AMHI coordination.
- May inform county's role in treatment, discharge planning, and PSRB monitoring.
- May be where the episode occurred but may not be the client's historical residence for determining home CCO enrollment.

- Does not dictate home CCO enrollment for integrated care coordination.

Address changes and “flipping”

What is “flipping”?

For CCO members temporarily placed in a residential, hospital or institutional setting, changing their residential address to the temporary address in the Medicaid Management Information System (MMIS) “flips” their CCO enrollment to the temporary location.

To avoid this, enter temporary address changes as mailing addresses only. To learn more about MMIS address changes and CCO enrollment, read our staff transmittal at <http://www.oregon.gov/oha/hsd/ohp/Transmittals/DMAP%20IM%2015-008.pdf>.

How does “temporary” apply to residential placements upon OSH discharge?

Olmstead specifies that residential treatment is temporary. The expectation is that after treatment, the client will be able to return home or toward independent living, unless prohibited.

Should the facility be listed as the member’s mailing or residential address?

Mailing address.

To avoid “flipping,” do not change the residential address for any OHP members in residential treatment. A member’s residential address is permanent and should not change unless the member makes a permanent, independent move.

Who is authorized to change a member’s address?

The member or an authorized representative can change a member’s address. Members can designate an authorized representative by calling OHP Customer Service at 1-800-699-9075 or submitting an [Authorized Representative Form](#).

What should a facility, provider or CCO do if a member “flips” to a different CCO?

Contact CES at ces.dmap@dhsoha.state.or.us to determine if the “flip” is appropriate and if not, what the member’s home CCO should be.

Who is the contact for home CCO enrollment corrections?

Client Enrollment Services (CES) at ces.dmap@dhsoha.state.or.us.

Partnering with CCOs, providers and facilities

Who coordinates when the member is out of the home CCO service area?

The CCO coordinates services for the member, including primary and specialty care. CCOs can work with facilities to develop relationships and contract with local providers.

How can CCOs honor privacy rules for OSH residents who need discharge planning 30-60 days prior to discharge and CCO enrollment?

CCOs should consult their legal resources about how to comply with HIPAA privacy laws when coordinating transition of treatment for prospective CCO members not yet discharged from OSH.

- Federal regulations ([45 CFR 164.506](#)) allow sharing of protected health information (PHI) for transition and coordination of treatment.
- Such sharing should only occur with the client's established home CCO.

If the client's home CCO is undetermined or subject to change (so that PHI may need to be shared with a different CCO), it may be too early to share PHI. This is why OHA encourages establishing the home CCO at OSH admission whenever possible (to better support discharge planning).

To learn more about permitted sharing of PHI under HIPAA, visit the HIPAA privacy website at <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>.

Is there a list of CCO contacts that coordinate behavioral health issues for members?

You can find a list of contacts [on the OHA website](#).